STATEMENT OF CLAIMANT FORM

STOCKPOND USE

Date Filed: WFN_____ AGUA FRIA RIVER WATERSHED **ABOVE CAMP DYER DAM** SUPERIOR COURT OF MARICOPA COUNTY

For Departmental Use Only

File No. 39-

1. Claimant Name: Claimant Address:_____ City _____ State: _____ Zip Code _____ Telephone ____

2.	Bas	is of	Claim:				
	Α.	Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act					
	В.	Registry No					
	υ.	Permit No, or Certificate of Water Right No					
	C.	The state of the s					
	D.	Decreed water right. Principal litigants, court, date and case no.					
	Ε.		Other, describe:				
3.	Clai	imed F	Priority Date:/(month/day/year)				
4.	Sou	irce of	f Water:				
	Α.		am, wash or arroyo: name, tributary to				
	В.		ater supplied from a source other than natural channel flow into the stockpond?				
	☐ Yes ☐ No If yes, describe:						
5.	. Legal description of the location of the stockpond: (attach additional sheet if required)						

6.	If th	nere a	re other uses supplied by the stockpond or its water source, describe:				
7	Dog	corinti	on of the Stockpond:				
΄.	A.		ne or other designation:				
	В.						
	U.	1)	Date construction began: and ended				
		2)	Height,ft.				
		3)	Does dam have an outlet structure other than spillway? Yes No				
	C. Reservoir behind dam:						
		1)	Date water first stored:/(month/date/year)				
		2)	Maximum length: ft.				
		3)	Maximum width: ft.				
		4)	Maximum depth of water at spillway crest:ft.				
		5)	Maximum storage volume at spillway crest: Acre-Feet				

	Number and kind of livestock or wildlife wat	-	•	months per year			
•	Attach photographs, maps or sketches necessary to show the location of the stockpond(s) and any conveyance system and other point(s) of diversion.						
0.	It may be necessary for a representative from the and diversion. Your signature following will grainspection: Signature of Claimant	ant permissior	n to enter your prope	rty for the purpose of			
1.	Should it be necessary for a representative of the Department to contact you as the claimant or you representative, are there any special instructions regarding time of day or address to aid in locating the specified person?						
12.	Additional comments:						
	(attach additional sheet if required)						
3.	Attach Filing Fee to Form. Mail form(s) and filing	ng fee(s) to:	AZ DEPT OF WATER RE ADJUDICATION SECTION PO BOX 458 PHOENIX AZ 85001-045	N			
14.	Notarized Statement:						
	the claimant(s) named in this claim, do hereby ce and statements made herein are to the best of						
	(seal)						
	My Commission Expires		Notary Public	>			
	my commoder = Ap No.						
	ing commission and		ersonnel of the Departm				